



Monthly Giving Program

Thank you for joining Sistema Toronto's Monthly Giving Program! Please provide the following information to get started.

Donor Information	
Name	
Address	
City	Postal Code
Phone	Email
Name to appear on receipt*	
Donation Information	
<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50	
Payable (please select one): <input type="checkbox"/> Monthly, on the 1 st of the month <input type="checkbox"/> Monthly, on the 15 th of the month	
Payment Options (please select one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Cardholder Name	
Card Number	Expiry Date /
Validation Code (3-4 digits on reverse of the card):	
Authorization	
<i>I hereby authorize Sistema Toronto to process my pledge as detailed above.</i>	
Signature:	Date:
*Tax receipts will be issued annually unless otherwise requested	
Questions or Concerns? Contact info@sistema-toronto.ca or 416-545-0200.	

Thank you for supporting Sistema Toronto!

